Surgeon General's Media Update
Jan. 24, 2007

Keep Walter Reed open, lawmakers urged
01/23/07 - By Kelly Kennedy, Army Times

Though the closure of Walter Reed Army Medical Center in Washington seems set, a hearing on Capitol Hill Friday showed feelings still run strong for the 98-year-old hospital.

5 years of post-service health care proposed
01/23/07 - By Rick Maze, Navy Times

The House Veterans' Affairs Committee chairman laid down a big marker Monday, introducing a bill that would provide five years of post-service health care coverage for combat veterans instead of the current two.

VA, DOD to develop e-health record system
Joint inpatient electronic health record will let doctors share medical data seamlessly
01/23/07 – Government Computer News

The Veterans Affairs and Defense departments will collaborate to develop a joint inpatient electronic health record system for hospitalized active duty military personnel and veterans. The system will let physicians share medical data seamlessly, VA secretary Jim Nicholson said today. VA and DOD currently can exchange only certain data.

Officials aim to add 20 new Fisher houses over four years
Mounting war casualties drive up need to house families of injured
01/24/07 - By Leo Shane III, Stars and Stripes Mideast Edition

WASHINGTON — The Fisher House Foundation hopes to build at least five houses a year for the next four years, to help meet the growing needs of injured troops and their families.

Military Update: Plan to increase retirees' Tricare fees gets new life
01/25/07 - By Tom Philpott, Special to Stars and Stripes Pacific Edition

Senior Department of Defense officials have renewed their call to raise Tricare enrollment fees and co-payments for under-65 military retirees and their dependents.

Bird flu suspected in southern Hungary
01/22/07 – Reuters

BUDAPEST - Five geese found dead in southeastern Hungary are being tested for suspected bird flu, an Agriculture Ministry official said on Monday.

Keep Walter Reed open, lawmakers urged
01/23/07 - By Kelly Kennedy, Army Times
Though the closure of Walter Reed Army Medical Center in Washington seems set, a hearing on Capitol Hill Friday showed feelings still run strong for the 98-year-old hospital.

“Walter Reed should remain open and fully funded,” retired Brig. Gen. Michael Dunn, former commander of the hospital, told the House defense appropriations subcommittee. “It should continue for the duration of this war for the Army, because it sets the standard for critical care.”

In 2005, Walter Reed made the Pentagon’s base-closure list and is slated to shut down in 2011. Its staff and clinic — including an amputee ward that is under construction — will move to Bethesda, Md., near the National Naval Medical Center.

But Dunn said the timing for the change is bad, in part because the proposed joint military health system is “underpowered and under-researched.”

A new, joint operation should be piloted first and involve a “less-pivotal” location than Walter Reed, he said. And the changes should not come during a war.

“I’m saying your first game shouldn’t be the Super Bowl,” he said.

Walter Reed has 61 teaching programs, 28 of which are unique to the Army and to Walter Reed, he said. He called it the strongest medical center for amputee, brain injury and post-traumatic stress disorder care.

Lt. Gen. Kevin Kiley, Army surgeon general, said the move to Bethesda needs to be funded properly to be done right.

“There probably wasn’t anyone more upset in the U.S. Army than I was” about the decision to close Walter Reed, he said. “My sense is Congress will support us” on the funding.

William Winkenwerder Jr., assistant secretary of defense for health affairs, said $2 billion has been invested just in the Washington metro area for reconfiguring the military’s health care infrastructure. New plans for the joint operation in Bethesda include consolidating research and development under the Army, consolidating education and training, and looking at consolidating procurement and technology, he said.

However, he asked for immediate help in funding the military health care system. He said the Defense Department expected to save $735 million this year through a plan to increase Tricare fees for some beneficiaries. That plan was rejected by Congress last fall, leaving the health care system in need of more money.

“We’re short $1.2 billion,” he said. “We expect to run out of funds within 30 days without help.”

Committee members said they would do what was necessary to keep the system operating.

5 years of post-service health care proposed
01/23/07 - By Rick Maze, Navy Times

The House Veterans' Affairs Committee chairman laid down a big marker Monday, introducing a bill that would provide five years of post-service health care coverage for combat veterans instead of the current two.

Rep. Bob Filner, D-Calif., who became chairman in early January when Democrats took control of Congress, is not the first lawmaker to propose five years of post-service health care coverage without the need for a formal service-connected disability rating. But the fact that he is the veterans' committee chairman and is sponsoring a bill that would apply for current combat operations and any future hostilities makes this is an issue the Bush administration will have to face.

Filner made no statement as he introduced the bill, HR 612, and was not available for comment, aides said.

The Department of Veterans Affairs, with a priority system that puts disabled combat veterans at the front of the line for treatment, was late in endorsing the current two years of coverage for combat veterans — no questions asked and without any fees — that began after the 1991 Gulf War, when many veterans were suffering from mysterious ailments, which came to be known as Gulf War syndrome and defied traditional methods of linking the problems to military service.

While current operations have not led to similar mystery illnesses, proponents of extending health care coverage have argued that post-traumatic stress disorder, already seen in large numbers of returning veterans, can be slow to appear and difficult to diagnosis. Additionally, having automatic health coverage in place makes the transition from military to civilian life easier for veterans, since they are not left without coverage if a health problem that does not have a clear cause materializes.

While the VA has accepted the extension of the two years of automatic health coverage for veterans of current combat operations, VA officials opposed a longer period of coverage when asked about the issue in a 2005 congressional hearing.

At the time, VA officials said two years is long enough for veterans to have their health problems assessed and be put into the health system, where they might have to pay fees if their health problems are not clearly service-connected.

VA, DOD to develop e-health record system
Joint inpatient electronic health record will let doctors share medical data seamlessly
01/23/07 – Government Computer News

The Veterans Affairs and Defense departments will collaborate to develop a joint inpatient electronic health record system for hospitalized active duty military personnel and veterans. The system will let physicians share medical data seamlessly, VA secretary Jim Nicholson said today. VA and DOD currently can exchange only certain data.

Initially, VA and DOD will examine their clinical and business processes to lay the groundwork for development of the inpatient electronic health record. Once the departments complete a feasibility study of their requirements, they will announce how they plan to proceed, said William Winkenwerder Jr., DOD assistant secretary for health affairs.

When implemented, the joint record system will be an example for other large health care providers.

“We will, in effect, become the model for other large providers to emulate. [The system] will be able to be synthesized for use in other health systems,” Nicholson said in announcing the project at a meeting of the American Health Information Community, led by Health and Human Services secretary Mike Leavitt.

The integration of the two departments’ systems, committed to migrate to AHIC interoperability standards, constitutes an important step forward for a health care system based on value and putting the patient at the center, Leavitt said.

VA and DOD intended the announcement to be a surprise, Winkenwerder added. “DOD and VA have come to a fork in the road, and we’ve taken it. After years of holding hands, we decided to get married,” he said.

VA has been planning to modernize the platform for its Veterans Health Information Systems and Technology Architecture program (VistA) electronic health record. DOD has updated its outpatient electronic health record, the Armed Forces Health Longitudinal Technology Application (AHLTA) and has early efforts toward an inpatient record, according to Winkenwerder.

“Our vision is an end-to-end inpatient system, particularly for the seriously wounded, that will be the same system that carries information back to VA,” he said.

A recent study by Harvard Medical School concluded that federal hospitals provide the best care available anywhere for some of the most common life-threatening illnesses.

VA and DOD operate a large percentage of federal hospitals.

Officials aim to add 20 new Fisher houses over four years
Mounting war casualties drive up need to house families of injured
01/24/07 - By Leo Shane III, Stars and Stripes Mideast Edition

WASHINGTON — The Fisher House Foundation hopes to build at least five houses a year for the next four years, to help meet the growing needs of injured troops and their families.

The foundation, established in 1990, provides free short-term housing to families tending to recovering military or veteran patients

Officials are already building four comfort houses this year, and have unveiled plans for at least two more in 2008. To date, the group has built 35 Fisher Houses, and two more are under construction.

But Jim Weiskopf, spokesman for the foundation, said military and VA hospitals around the country have told foundation officials that they could easily support more of the facilities, because of the demands recovery and rehabilitation place on military families.

“If we can get the funding, building five a year will get us closer to meeting that need,” he said. “Even when the war in Iraq is finished, there will still be veterans and families who need these houses.”

Each home costs about $4 million to build and furnish, and the affiliated hospitals agree to handle all maintenance costs.

Citing Defense Department news releases, iCasualties.org, a Web site that tracks war fatalities and injuries, more than 22,000 servicemembers have been wounded in Iraq and Afghanistan, though many are soon returned to duty.

Weiskopf said the foundation has identified several potential funding sources, and officials are already scouting locations where the new houses could benefit the greatest number of families. Houses are already located in 15 states, as well as in Washington and at Landstuhl Regional Medical Center in Germany.

This year, VA medical centers in Los Angeles, Dallas, and Seattle are scheduled to break ground on new homes, and the San Diego Naval Medical Center is scheduled to get its second Fisher House as well.

Military Update: Plan to increase retirees' Tricare fees gets new life
01/25/07 - By Tom Philpott, Special to Stars and Stripes Pacific Edition

Senior Department of Defense officials have renewed their call to raise Tricare enrollment fees and co-payments for under-65 military retirees and their dependents.

Officials are warning anew that unless the cost of military health care is “re-balanced,” so the beneficiary pays more and the government less, the prized lifetime benefit, arguably the best in the country, “cannot be sustained” over time.

Defense officials said they briefed key lawmakers on the planned fee increases in 2005 and most seemed to agree they were needed. But in early 2006, an election year, lawmakers bolted like cats from a sprinkler after the Pentagon’s “Sustain the Benefit” plan officially was unveiled.

This year, defense officials hope that, at a minimum, their call for higher Tricare fees will win the endorsement of a new study group, the Task Force on the Future of Military Healthcare. The 14-member panel was created by Congress, but its members were appointed by the same officials pressing for fee increases.

Half of the task force already works for the DOD, being senior military officers or civilian executives. Congress gave them a broad range of issues to examine. But at its first public hearing Jan. 16, David Chu, undersecretary of defense for personnel and readiness, told the task force that the “elephant in the room” it needs to address “is the structure of benefits.”

DOD wants the task force to endorse higher Tricare fees for 3.1 million beneficiaries in an interim report to Congress due in May, presumably early enough for legislative action this year when no lawmaker stands for re-election.

“Odd-numbered years are probably better than even-numbered years,” quipped Chu when a task force member asked for timing guidance on getting recommendations to Capitol Hill.

Defense officials briefed the task force on the military health system’s skyrocketing costs. The total this year will be $38 billion, up 131 percent since 2000. Health care spending now is 8 percent of the defense budget but will climb to $64 billion, or 12 percent, by 2015, unless fees are increased, officials said.

Most of the growth is tied to new benefits enacted since 2001, including Tricare for Life for 1.9 million Medicare-eligible beneficiaries. Two other key factors are medical inflation and a shift by retirees into Tricare and away from more expensive health plans earned in second careers or by working spouses.

Last year’s Tricare fee plan is expected to be endorsed again in the president’s 2008 budget request to Congress in early February. It would raise enrollment fees and deductibles for under-65 retirees using a triple-tiered fee schedule tied to rank. After two years of stepped increases, fees would rise annually by the percentage change in premiums for federal civilian health care.

Defense officials conceded to the task force that their plan’s projected cost savings — $11.2 billion over five years — did not survive a review by the Congressional Budget Office. CBO said $6.5 billion to $7 billion savings is more likely. The Tricare increases planned just aren’t big enough to spark the behavior DOD projects: that 150,000 beneficiaries will leave Tricare and another 350,000 will decide to stay under employer-provided plans rather than switch to Tricare.

Retiree advocates had challenged the savings estimate as too high and evidence of a rush by the department to make changes. The Government Accountability Office also is auditing projected savings. Its report is due in June.

Dr. William Winkenwerder, assistant secretary of defense for health affairs, said “unfair criticism” has been leveled at the plan — including a charge that higher fees will be a great financial burden. Not so, he said.

An E-6 retiree in Tricare Prime, the managed care option, has been paying roughly $38 a month since 1996. That would increase to $50 over two years. That $12 increase, said Winkenwerder, “is like five cups of coffee.” Over the same period, E-6 retired pay has climbed an average of $300 a month to keep pace with inflation, said Winkenwerder.

Defense officials overall are striking a harder tone than was heard last year. Winkenwerder, for example, advised the task force that if it wants to consider more sweeping cost-control measures, to include higher fees for retirees 65 and older too, it should do so. He also said he learned too late that, by law, the department has authority to raise the $22 co-payment for nonformulary prescription drugs to $30. He suggested that should have been part of the plan.

Several task force members, including retired Air Force Gen. Richard Myers, former chairman of the Joint Chief, are on record as supporting the fee increases. But newer faces on task force also seem to consider higher fees as reasonable. Dr. Robert Galvin, director of global health care for General Electric, said the DOD plan “sounded like it was well-researched, rigorously thought through.”

But why, Galvin asked, did Congress not enact it?

Part of the problem, Chu said, is that “Congress only votes one budget year at a time and, in the immediate year, it’s not a crisis. So it is easier to listen to the concerns of various constituencies and to think about the fact that you would have to stand for re-election in the face of this unpopular and difficult decision.”

The lone task force member appointed to represent the views of military associations and veterans’ service organizations even seemed to side with raising fees. Retired Army Reserve Maj. Gen. Robert W. Smith III, former president of the Reserve Officers Association, urged defense officials to work harder to explain that military health care is not an “entitlement,” as some retiree groups contend, but a “benefit” that, he implied, an employer can adjust from time to time.

When perceived as an entitlement, Smith said, health care is a more emotional issue. Service associations have been making that kind of argument.

Veteran groups and The Military Coalition, he said, “went to the congressmen and the senators and created a lot of this (resistance to fee increases). And when we start educating them I think you’ll see that we can move forward.”

“We agree with that,” said Winkenwerder.

Bird flu suspected in southern Hungary
01/22/07 – Reuters

BUDAPEST - Five geese found dead in southeastern Hungary are being tested for suspected bird flu, an Agriculture Ministry official said on Monday.

The dead birds are being tested in Budapest and come from a large farm in the southeastern county of Csongrad where about 40 geese had fallen sick and some had died, Farming Ministry Secretary of State Fulop Benedek told national news agency MTI.

Veterinarians who saw the birds said the suspicion of bird flu was justified.

Hungarian authorities set up a protected zone around the farm and informed all international organisations concerned, Benedek said.

Hungary culled a million birds after the highly infectious H5N1 strain of bird flu was contracted by domestic poultry last year.